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CHARLES A MCCLURE
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Charles A. McClure (Depositor's name)

Charles A. McClure (Signature)

16 January 1999 (Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/506,851	07/25/95	003	PHILLIPS, C 3751	10/20/98
First Named Applicant: SMITH, 35 USC 154(b) term ext. 54 Days				

TITLE OF INVENTION
HOSPITAL LIQUID SANITATION CART

ATTYS. DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3-238-941F	004-252-000	K56	UTILITY	YES	\$660.00	01/20/99

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☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2- For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Charles A. McClure

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3- ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Please check the appropriate assignee category indicated below (will not be printed on the patent)

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above:

(Authorized Signatory) Charles A. McClure (Date) 16 Jan 99

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